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Behavioral Science in NURSING

An Introductory Psychology for Nurses

Previously known as Introductory Psychology for Nursing and Allied Sciences

As per the Revised INC Syllabus



Arnel Bañaga Salgado

2nd Edition

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4 CHAPTER

Human Development



Learning Outcomes

After studying this chapter, you are expected to:

- Discuss human development's physical, perceptual, social, emotional, cognitive, and moral dimensions.
- Distinguish between growth and development and identify the human life cycle stages.
- Identify the developmental tasks each human being undertakes according to the theories of Sigmund Freud, Eric Erickson, and HS Sullivan.
- Relate the concept of human development to understanding patients, especially children, for their nursing practice.
- Interpret the roles of nurses in supporting normal growth and development across the lifespan.

Chapter Overview

The study of human development is a crucial aspect of nursing and psychology that requires thoroughly examining behaviors, growth, and development. Researchers have established that behaviors are typically learned during the formative years, especially before age seven. The entire spectrum of experiences, frustrations, and unmet needs, referred to as fixations, can shape a person's identity. Despite parents' best efforts, it is not uncommon for individuals to turn to criminal activities and deviant behaviors, including becoming serial killers or rapists. As nurses and psychologists, we are fortunate to have the necessary skills and knowledge to understand behavioral patterns from prenatal to death.

To gain insights into human behavior, we must understand how humans develop, what determines their behavior—nature or nurture, and the different developmental areas, including physical, perceptual, social, gender role, cognitive, moral, and various stages of life. Psychologists and nursing professionals have the tools and theories to thoroughly analyze and comprehend human behavior. By answering significant questions surrounding development, we can gain insights into the different stages of life and how behavior evolves.

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PERIODS OF DEVELOPMENT

In nursing care, a commonly accepted perspective on human development is based on the interplay of four key facets: Psychological, emotional, biological, and motor development. These facets are the foundation for clinical treatments and interventions for children under six across many outpatient department (OPD) settings. The categorization of

developmental periods that are most well-liked or frequently utilized consists of the following periods:

- **Prenatal period:** The period from conception to birth is known as gestation, during which a remarkable development occurs. Starting from a single cell, the organism grows and differentiates into complex tissues and organs, including the brain and its associated behavioral capabilities. This process takes around nine months in humans and involves intricate genetic and epigenetic mechanisms that regulate gene expression and cellular differentiation.
- **Infancy:** Infancy is the period of development that commences from birth and lasts up to 18 or 24 months. It is a phase that demands an extraordinary level of reliance on adults. During this time, various psychological activities, such as language, symbolic thought, sensorimotor coordination, and social learning, are in the initial stages of development.
- **Early childhood:** Early childhood is a developmental phase that begins after infancy and lasts until 5–6 years. This stage is also known as the "preschool years." During this phase, children become more self-sufficient and develop school-readiness skills such as following instructions and identifying letters. Additionally, they spend significant time engaging in play activities with peers. The commencement of first grade generally marks the conclusion of early childhood.
- **Middle and late childhood:** The developmental phase from 6–11 years of age, commonly called the "elementary school years," is characterized by acquiring fundamental reading, writing, and arithmetic skills. Formal education introduces children to the broader world and its culture during this period. The theme of achievement gains greater prominence in their lives, and they develop stronger self-control.
- **Adolescence:** Adolescence is a developmental period that marks the transition from childhood to early adulthood. It typically begins between the ages of 10 and 12 years and continues until 18–22 years of age. Adolescence is characterized by significant physical changes, including rapid gains in height and weight, changes in body shape, and the development of secondary sexual characteristics such as pubic and facial hair growth, breast enlargement, and deepening of the voice. This period is also marked by the pursuit of independence and the forming of a unique identity. Adolescents tend to think more logically, abstractly, and idealistically and increasingly spend time outside the family unit.
- **Early adulthood:** The developmental phase that starts in the late teens or early twenties and extends up to the thirties is known as emerging adulthood. It is crucial for establishing personal and economic independence, pursuing career goals, selecting a suitable partner, learning to cohabit with a partner intimately, and starting a family while raising kids. This phase can be characterized by heightened exploration, instability, self-focus, and a sense of possibility. It is an important stage in an individual's life, setting the foundation for their future development and success.
- **Middle adulthood:** Middle adulthood typically ranges from 35 to 45 and extends to the sixties. This is a crucial developmental phase involving many personal and social responsibilities, including supporting the younger generation to become mature and

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capable individuals while ensuring satisfaction in one's career. During this phase, individuals are expected to maintain physical and mental health and balance their personal and professional lives. It is a time of significant growth and transformation that requires careful consideration and planning.

- **Late adulthood:** Late adulthood refers to the developmental period that commences in the sixties or seventies and extends throughout the rest of an individual's life. This stage of life is characterized by several significant adjustments, including declining physical strength and health, life review, retirement, and adaptation to new social roles.

DIMENSIONAL DEVELOPMENT

Developmental psychologists explore the transformations that take place throughout the human lifespan, starting from conception to death. The age-old debate between nature and nurture has fueled the analysis of development, i.e., whether genetic factors or environmental influences determine an individual's development. However, researchers have now established that nature and nurture interact to shape development.

PRINCIPLES OF GROWTH AND DEVELOPMENT

- **Principle of variability:** According to the development theory, maturation is not a smooth, continuous process; instead, it occurs in a pattern of intermittent fits and starts. The rate of development is, however, constant.
- **Principle of independence:** The development of the human body involves the independent growth and sequencing of various parts and systems. These processes occur in a complex and coordinated manner, leading to the formation of the intricate structure of the human body.
- **Principle of differentiation:** As an organism develops, differentiation becomes more pronounced. This development follows two distinct patterns: (i) cephalo-caudal, which refers to the progression from head to tail, and (ii) proximo-distal, which refers to the progression from the general to the specific.
- **Principle of integration:** As an organism develops, the integration of its motor actions improves. Initially, awkward movements gradually become more coordinated over time.
- **Principle of predictability:** The predictability of sequences in maturation outweighs that of rates of maturation. While infants tend to follow a specific pattern of motor development, the chronological age at which a child may achieve such developmental milestones can vary.
- **Principle of limitation:** The maturation process establishes the boundaries for acquiring new knowledge and skills. For instance, an infant's ability to regulate movement depends on the maturity of their skeletal, nervous, and muscular systems. Until these systems reach the appropriate level of maturity, the infant will be unable to acquire the skill of movement control.

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PHYSICAL DEVELOPMENT

Prenatal Development

From conception to birth, the prenatal stage involves fertilizing the egg cell by the sperm cell in the fallopian tube. The resulting zygote undergoes cellular division as it moves towards the uterus and eventually attaches to the uterine wall. The average duration of pregnancy is 270–280 days or 40 weeks.

During the prenatal stage, the development of the fetus can be divided into three stages: the germinal stage, the embryonic stage, and the fetal stage **(Fig. 4.1)**. The germinal stage is the first two weeks after fertilization. The zygote, a single cell formed by the fusion of the egg and sperm, moves through the fallopian tube and attaches itself to the uterus wall, where the placenta starts to form. The placenta nourishes the developing fetus, while the umbilical cord carries nutrients and wastes from the placenta.

The embryonic stage lasts from the second to the eighth week after conception, during which the zygote grows into an embryo about one inch long. This is a critical stage, as the principal organs and bodily systems begin to form, and any defects can lead to significant problems. The embryo is surrounded by the amniotic sac, filled with fluid, providing protection and a stable environment. The fetal stage starts the second month after conception and continues until birth. During this stage, muscles and bones form, and vital

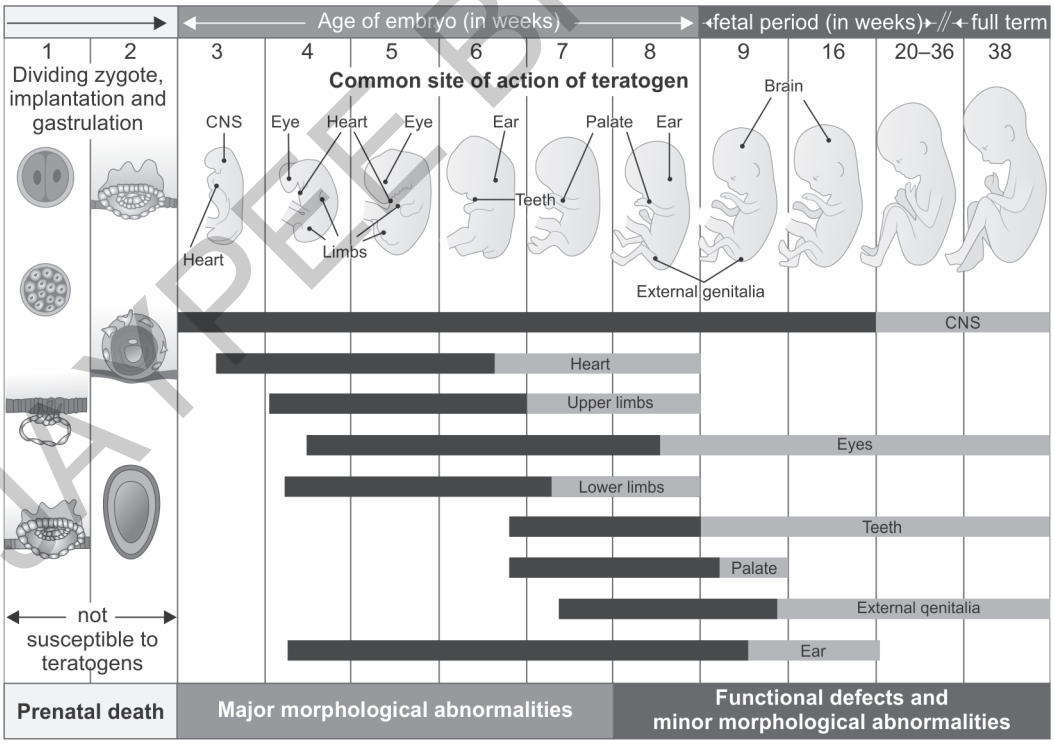

Fig. 4.1: The different stages of human development.

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Table 4.1: The chart showing normal biological development of human.

Age of development	Characteristics
2nd week	Implantation on the uterine wall
3rd–4th week	The heart begins to pump
4th week	The digestive system begins to form, then the eyes
5th week	Ears
6th week	Arms and legs appear
7th–8th week	Male sex organs form, and fingers form
9th week	Bones form, legs and arms, and toes form
10th 11th week	Female sex organs form
12th week	The fetus weighs one-ounce, fetal movement occurs, and fingerprints form
20th Week	Mother feels movement; reflexes (sucking, swallowing, and hiccupping) appear. Nails, sweat glands, and soft hair develop
38th week	The fetus weighs about 7 pounds
40th Week	Full-term baby born

organs continue to grow and begin to function. The brain develops rapidly during the last three months of this stage **(Table 4.1)**.

Factors that Influence an Unborn Child

Fetal development, or the growth of an unborn child, is a complex process that is subject to the influence of various factors. These factors can significantly affect the child's short- and long-term health outcomes. Some of the key determinants that can impact fetal development include:

- **Maternal nutrition:** The mother's diet during pregnancy significantly impacts fetal development, particularly the growth of the baby's organs and tissues. Adequate nutrition promotes optimal fetal growth and development, including essential micronutrients such as folic acid, iron, and omega-3 fatty acids.
- **Maternal health:** Maternal medical conditions, such as diabetes and hypertension, significantly impact fetal development. These chronic conditions, along with infections, can adversely affect both maternal and fetal health. Therefore, meticulously monitoring and managing these medical conditions is crucial to ensure a healthy pregnancy and successful delivery.
- **Maternal lifestyle choices:** Prenatal exposure to maternal smoking, alcohol consumption, and drug use can lead to adverse fetal outcomes. These substances can disrupt the normal development of fetal organs and increase the probability of complications during pregnancy.
- **Prenatal care:** Timely and sufficient prenatal care plays a pivotal role in ensuring the well-being of the mother and the fetus: Regular prenatal visits, ultrasounds, and screenings aid in the early detection of any potential complications.

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- **Genetics:** Both parents' genetic composition influences fetal development. Genetic factors play a crucial role in determining susceptibility to various conditions and can significantly impact the physical and cognitive traits of the offspring.
- **Environmental exposures:** Fetal development can be negatively impacted by exposure to environmental toxins, pollutants, and specific chemicals. Therefore, pregnant women must be vigilant about their exposure to substances like lead, mercury, and certain pesticides, which are known to have detrimental effects.
- **Stress levels:** Research suggests that maternal stress during pregnancy can have a significant impact on fetal development. Chronic stress, in particular, may contribute to various complications and has been associated with a higher risk of preterm birth and developmental issues in offspring. These findings highlight the importance of managing stress during pregnancy to promote optimal fetal health and development.
- **Infections:** During the first trimester of pregnancy, maternal infections can increase the likelihood of fetal complications. Infections like rubella, cytomegalovirus (CMV), and certain sexually transmitted infections can harm fetal development.
- **Maternal age:** Maternal age is a crucial factor that can significantly impact fetal development. Adolescent pregnancies, as well as pregnancies in women aged 35 or above, may lead to various risks and complications.
- **Placental health:** The placenta is crucial for transporting nutrients and oxygen to the developing fetus. Any anomalies in its development or functioning can adversely affect the health of the unborn child.
- **Others,** *such as*
  - Rubella, commonly known as German measles, is a viral infection that can lead to severe congenital disabilities. If contracted during pregnancy, it can result in deafness, cataract, mental retardation, or congenital heart disease in the baby.
  - Infectious diseases such as Syphilis, Malaria, Smallpox, Chickenpox, and Measles are caused by agents small enough to cross the placenta. These infections can lead to deformities or defects in the fetus.
  - Maternal malnutrition, anoxia, and infectious diseases are known to be significant risk factors that can adversely affect fetal development, leading to premature births and stillborns.
  - Exposure to alcohol and smoking has been shown to have an impact on the fetal heartbeat rate. Studies have demonstrated that such exposure can increase the fetal heart rate, indicating a physiological stress response. This effect can be attributed to the vasoconstrictive properties of nicotine and the impact of alcohol on the autonomic nervous system. These findings highlight the importance of avoiding alcohol and smoking during pregnancy to ensure optimal fetal health.
  - The potential cognitive effects of ionizing radiation, specifically X-rays, on patients are a significant concern in the medical community.
  - Prenatal research suggests that maternal emotional states significantly impact fetal development. The intrauterine environment, including the mother's hormonal changes, can influence the developing fetus through various mechanisms, such as alterations in gene expression, epigenetic modifications, and changes in placental

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function. Consequently, maternal emotional well-being during pregnancy is critical for optimal fetal growth and development.

- Research has identified endocrine irregularities as a significant contributing factor to specific health conditions.
- Blood incompatibility or RH positive and RH positive (man and woman) results in a stillborn or mentally disabled child.
- Methadone, a commonly used drug, can readily pass through the placenta and have a negative impact on fetal growth and development, leading to premature birth or low birth weight.
- The teratogenic effects of pharmaceuticals ingested by pregnant women can lead to congenital anomalies in their offspring. Thalidomide is a prime example of such an agent, which induces limb abnormalities and other physical deformities in newborns.

MOTOR DEVELOPMENT (1–18 MONTHS)

Maturation refers to the genetically predetermined developmental plan relatively unaffected by environmental factors. The proximo-distal principle of motor development describes the center-outward direction of motor development. This principle suggests that children gain control of their torso before their extremities and can sit before they stand. On the other hand, the cephalo-caudal principle of motor development describes the head-to-foot direction of motor development. Children tend to gain control over the upper parts of their body before the lower parts, and they can reach and grasp before they can walk.

The neonatal period, which lasts about four weeks after birth, is a critical phase for infants. During this time, newborns are highly vulnerable to various health risks and require special care. Neonates are prone to vomiting, choking, sneezing, and irregularities in heartbeat, respiration, and temperature. They also exhibit uncoordinated eye movements that can cross frequently.

Babies are classified as premature if they are born before completing 7 months of intrauterine life and weigh less than 5 ½ pounds for boys or 5 ½ for girls. Female newborns generally have a higher survival rate than males. However, male mortality rates decrease with age.

The first cry of a newborn indicates that breathing has begun. This automatic response to internal and external stimuli is a positive sign of health and life. Crying is also a means by which the infant summons the attention of caregivers to address its needs. Some newborns may start life with a yawn; other responses, such as sneezing, coughing, and crying, have also been observed at birth. Refer **Table 4.2** for developmental norms for motor development.

PERCEPTUAL DEVELOPMENT

The five senses are functional from birth, with hearing being the first sense to develop in infants. Newborns can distinguish between sounds of different durations, loudness, and pitches and

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Table 4.2: Development norms for motor development.

Age of development	Characteristics
1 month	Prone on stomach, can lift head
2 months	Prone, can hold chest up, can roll from side to back
3 months	Can roll over; reaches for objects
6–7 months	Sits without support; stands holding on to objects
8–12	Crawls: pulls self to stand; cruises—walk by holding onto objects
12–18 months	Walks alone

prefer the sound of human voices. By 6 months, infants can differentiate between any two basic sounds used in language, including those not present in their spoken language. The sense of smell is also well-developed in newborns, and by 6 weeks, they can differentiate between the scent of their mother and strangers. Infants can detect the four basic sweet, sour, salty, and bitter tastes but typically prefer sweet tastes. They are also sensitive to touch, with some studies suggesting that female infants may be more responsive to touch than males.

In infants, several reflexes are present that are involuntary responses to stimuli. For example, when a light shines, infants blink their eyes. Other reflexes include the Moro reflex (extension of arms when the infant feels a loss of support), Palmar reflex (hand grasp), and Rooting reflex (turns toward an object, brushing cheek, and attempting to suck). The Moro reflex or response is characterized by the spreading out of the legs and arms followed by the clasping of the arms. These reactions occur during the first 3 months of existence and may be provoked or induced by sudden noise or due to a loss of balance, support, or equilibrium. When the soles of the feet are touched, the feet evoke what is known as the foot grasping response. This grasping reflex is true for both hands and feet. The infant may grasp anything, or any object touched or put into their hands. They hold it briefly and then drop it.

SOCIAL DEVELOPMENT

Temperament pertains to a child's mood and activity level and is vital to social development. The New York Longitudinal Study by Thomas, Chess, and Birch followed 140 children from birth to adolescence. It utilized a rating system that evaluated the infants based on parameters such as activity level, rhythmicity, approach/withdrawal, adaptability, intensity, reaction, and quality of mood. According to the study findings, the researchers could categorize the infants into various groups based on their temperament.

- **Easy infants (40%):** Were adaptable to new situations, predictable in their rhythmicity or schedule, and positive in their mood.
- **Difficult infants (10%):** Are intense in their reactions, not adaptable to new situations, have slightly negative moods, and have irregular body rhythms.
- **Slow-to-warm-up infants (15%):** They initially withdraw when approached but may later "warm-up"; they are slow to adapt to new situations.
- **Average infants (35%):** Did not fit the above categories.

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While early temperament tends to be heavily influenced by biology, the environment can also play a role. According to Siruno, not all children are naturally inclined toward social responsiveness. Some may be moody, shy, and quiet, while others are cheerful and outgoing. These predispositions can significantly impact how people in their environment interact with them. As babies enter their second year, they tend to develop more cooperative relationships with adults and other children. However, they may also exhibit a new sense of possessiveness. For example, in nursery schools, two-year-olds often prefer to play with toys alone rather than with others.

The newborn child is not social and shows no interest in people as long as their physical requirements are met. Social behavior starts to develop as soon as the baby can differentiate between people and objects and responds differently to them. At a young age, the baby reacts differently to other children than to adults. However, babies' socialization is significantly impacted since they spend more time with adults.

Scientific studies have highlighted the impact of early social behavior on later development. When a baby relies on its mother to fulfill its needs and desires, it develops a general dependency on all adults, including children, even if it is maturationally ready to take care of itself. This often makes it challenging for the baby to achieve independence. Infants develop the ability to differentiate between familiar and unfamiliar people through attachments. They may display crying or distress when their preferred caregivers leave the room, which is known as separation anxiety.

GENDER ROLE DEVELOPMENT

Gender roles refer to the expectations determining the appropriate activities for males and females. Studies have shown that even preschoolers are aware of the distinct characteristics of each gender and believe that it is inappropriate to behave like a member of the opposite gender. Theories that explain gender role development include the social learning theory, which suggests that children learn gender roles by being rewarded for appropriate behavior and punished for inappropriate behavior. Children also learn by observing and imitating the behaviors of others. Kohlberg's cognitive theory argues that children acquire gender concepts the same way they acquire other cognitive concepts. Jean Piaget's theory indicates that preschool children first learn gender identity and then classify others, activities, and objects based on gender. Once children acquire these gender concepts, they engage in gender-typed behavior, such as preferring same-gender playmates and activities. Kohlberg also proposed that preschool children lack gender constancy, meaning they do not understand that a person's gender remains the same despite changes in physical appearance. Freud's theory of psychoanalysis suggests that children establish their gender-role identity by identifying with their same-sex parent during the phallic stage.

COGNITIVE DEVELOPMENT

Jean Piaget, a prominent Swiss psychologist and philosopher, is known for his extensive research and contributions to cognitive development **(Fig. 4.2)**. He developed a comprehensive theory that outlines the different stages of cognitive development in

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Fig. 4.2: Jean Piaget.

children, emphasizing that they progress from simple to complex cognitive structures through various stages of development. His theory has significantly influenced our understanding of how children learn and process information and has become a cornerstone in developmental psychology. There are four stages are the following:

1. The sensorimotor stage (from birth to 18 months).
2. Preoperational stage (2–7 years of age).
3. The concrete operations stage (7–12 years of age).
4. Formal operations (12 years onwards).

Jean Piaget's theory of cognitive development highlights that children's progression through the stages of sensorimotor, preoperational, concrete operational, and formal operational thinking is not uniform. Instead, the rate of development is shaped by a complex interplay between biological maturation and environmental experiences. Piaget further proposed that each stage represents a qualitatively different way of thinking, reflecting distinct modes of mental representation and problem-solving strategies.

Characteristics of Each Stage

Jean Piaget, a Swiss psychologist, proposed a theory of cognitive development that outlines four stages through which individuals progress as they develop their thinking abilities. Piaget's stages of cognitive development are as follows:

1. **Sensorimotor stage (birth to 2 years):** During the sensorimotor stage, which lasts from birth to about 2 years, infants and young children explore and make sense of the world through their senses and motor activities. In this stage, the child's cognitive development is characterized by the emergence of object permanence, which is the realization that objects continue to exist even when they are not visible. This understanding is a crucial

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cognitive milestone that marks the beginning of symbolic thought. During this stage, the child develops essential motor skills and coordination, such as reaching, grasping, and crawling. These skills lay the foundation for more complex motor skills and cognitive abilities that will develop in later stages of development.

2. **Preoperational stage (2–7 years):** During the preoperational stage of development, children between the ages of two and seven demonstrate the ability to use symbols and language to represent objects and concepts. However, they tend to exhibit egocentrism, which means they struggle to see things from others' perspectives. Animism is also prevalent during this stage, with children attributing human-like qualities to inanimate objects. Furthermore, conservation, the understanding that specific properties of an object remain constant despite changes in its physical appearance, is not yet fully grasped at this stage.
3. **Concrete operational stage (7–11 years):** During the cognitive development stage, known as the concrete operational stage, children become capable of logical thought. They understand the principles of conservation about mass, volume, and number. At this stage, operational thinking becomes more concrete and less reliant on intuition. Furthermore, children can consider multiple perspectives and understand cause-and-effect relationships.
4. **Formal operational stage (11 years and older):** During the formal operational stage of cognitive development, abstract and hypothetical thinking becomes feasible as the individual can engage in deductive reasoning and contemplate various possibilities and hypothetical scenarios. An individual's problem-solving skills become more advanced during this stage, which marks the maturation of adult-like cognitive abilities.

Piaget's theory of cognitive development posits that children progress through four stages of cognitive development, culminating in the formal operational stage. However, it is essential to recognize that not all individuals progress through these stages simultaneously, and some may not reach the formal operational stage. Furthermore, the theory has faced criticism for its potential cultural and individual variations. Despite these limitations, Piaget's stages continue to be a cornerstone of our understanding of cognitive development in children.

PSYCHOSEXUAL DEVELOPMENT OF HUMAN DEVELOPMENT

Sigmund Freud, **(Fig. 4.3)** the famous psychoanalyst, proposed a model of human development that comprises five psychosexual stages **(Table 4.3)**. In each stage, a particular body area, an erogenous zone, becomes the center of a person's focus. These stages are marked by significant conflicts that can lead to fixation—a psychological tendency to remain at a specific stage of development, even as individuals age. The table **(Table 4.3)** provides an overview of Freud's psychosexual stages, highlighting their unique characteristics and conflicts.

PSYCHOSOCIAL STAGES OF DEVELOPMENT BY ERIK ERIKSON

Erikson's theory of psychosocial development consists of eight stages that describe the development of personality and social-emotional functioning throughout the

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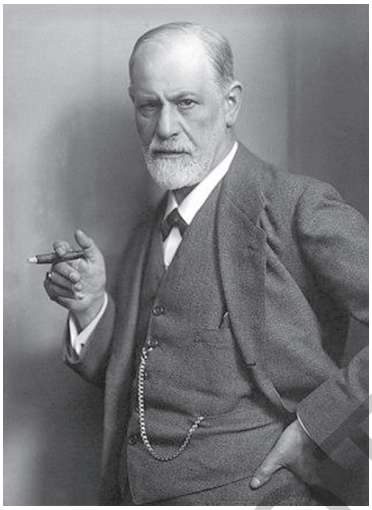

Fig. 4.3: Sigmund Freud.

Table 4.3: Freudian psychosexual stages.

Psychosexual stages	Age	Characteristics
1. **Oral stage**	0–1½ years, baby, birth to walking	During infancy, the mouth and the breast play a pivotal role in experiences such as feeding, crying, teething, biting, thumb-sucking, and weaning. These experiences create strong attachments to the mother or maternal figure, profoundly impacting the unconscious mind. These early experiences, along with the subsequent two stages, can significantly affect an individual's behaviors, sexually driven desires and aims, and preferences later in life. Freud referred to this as *'libido'*
2. **Anal stage**	1–3 years, toddler, toilet training	The act of defecation during early childhood plays a significant role in the formation of personality traits and behaviors. This is because bodily expulsions are a fundamental part of life and serve as a means of pleasure and control. The child's experience during this stage can influence their unconscious mind and shape their preferences and behaviors as they grow older. Factors such as parental approval or disapproval of bowel movements and the child's perception of such feedback can profoundly impact their psychological development. Thus, it is essential to consider the role of early experiences with defecation when examining the formation of personality and behavior in later life

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Behavioral Science in NURSING

An Introductory Psychology for Nurses

This book *Behavioral Science in Nursing: An Introductory Psychology for Nurses*, integrates psychological principles into nursing practice, emphasizing the importance of mental and emotional well-being in patient care. It advocates for a biopsychosocial approach and highlights the impact of psychological factors on health outcomes. This book also explores the biological and physiological aspects of behavior, human development, psychological interventions, and the significance of empathy and effective communication in nursing practice. Overall, it equips nursing professionals with the skills and knowledge to provide compassionate and effective care.

Salient Features

- Comprehensive guide to equip aspiring and practicing nurses with essential insights into human behavior.
- This book covers the nuances of human development to the complexities of emotion and motivation.
- It includes abnormal psychology based on the Diagnostic Statistical Manual (DSM-5-TR).
- NANDA-based diagnosis of major classification of Mental Disorders as presented in DSM-5-TR.
- The book is presented with key points and review questions at the end of each chapter.

Arnel Bañaga Salgado has a broad academic background in education, psychology, nursing, and philosophy. He has earned a Doctor of Psychology (PsyD) degree, with specialization in Clinical Psychology (Summa cum laude), a Doctor of Education (EdD) in Leadership and Management, and awarded a Doctor of Science, honoris causa degree from a reputable university in the United States. He is a trained clinical and school psychologist who uses various methods of counseling and therapy in his clinical practice. He is an active member of the American Psychological Association and the Sigma Theta Tau International Honor Society of Nursing, better known as Sigma Nursing (*Phi Gamma* Chapter). He has received many awards for his psychology, nursing, and education works. He is a well-rounded and accomplished professional, passionate about helping others reach their goals and well-being. He is also involved in adapting psychological tests and developing new ones.

As an academic psychologist, Dr Salgado teaches psychology and behavioral sciences to allied health students and Psychiatric Mental Health Nursing to nursing students. He has a solid academic background in educational management and leadership, as well as clinical and nursing education. He has worked as a college dean, school administrator, principal, practitioner, and clinician. He is a Professor of Psychiatric Nursing and Psychology at the Ras Al Khaimah Medical and Health Sciences University (RAKMHSU) in the United Arab Emirates.

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